10/518686 Rec'd PCT/PTO 03 AUG 2005

Docket No. 4208-4224

COMBINED DECLARATION AND POWER OF ATTORNEY FOR ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART APPLICATION

As a below named inventor, I hereby declare that:

COMMUNICATION TERMINAL

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A SYSTEM AND METHOD FOR DISTRIBUTING PROMOTION MESSAGES TO A

the specification of which

a. is attached hereto

b. was filed on as application Serial No. and was amended on (if applicable).

PCT FILED APPLICATION ENTERING NATIONAL STAGE

c. was described and claimed in International Application No. PCT/IB2002/002516 filed on 1 July 2002 and as amended on 16 June 2004. (if any).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56.

I hereby specify the following as the correspondence address to which all communications about this application are to be directed:

SEND CORRESPONDENCE TO: The address associated with the Customer Number ORAddress Shown (see below)

DIRECT TELEPHONE CALLS TO:

(212) 415-8700

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•		Docket No. <u>4208-4224</u>							
	I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or under § 365(b) of any foreign application(s) for patent or inventor's certificate or under § 365(a) of any PCT international application(s) designating at least one country other than the U.S. listed below and also have identified below such foreign application(s) for patent or inventor's certificate or such PCT international application(s) filed by me on the same subject matter having a filing date within twelve (12) months before that of the application on which priority is claimed:								
	The attached 35 U.S this declaration.	forms a part of							
	Country/PCT	Application Number	Date of filing (day, month, yr)	Date of issue (day, month, yr)	Priority Claimed				
					☐ Y ☐ N				
					☐ Y ☐ N				
			•		☐ Y ☐ N				
I hereby claim the benefit under 35 U.S.C. § 119(e) of any U.S. provisional application(s) lisbelow.									
	Provisional Application No. Date of filing (day, month, yr)								
ADDITIONAL STATEMENTS FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART OR PCT APPLICATION(S) DESIGNATING THE U.S.									
I here under	by claim the benefit un § 365(c) of any PCT i	nder Title 35, Unite nternational applica	d States Code § 120 cation(s) designating the	of any United States and U.S. listed below.	pplication(s) or				
US/P	CT Application Serial	No. Filing D		(patented, pending, abtion no. assigned (For					

US/PCT Application Serial No. Filing Date Status (patented, pending, abandoned)/ U.S. application no. assigned (For PCT)

In this continuation-in-part application, insofar as the subject matter of any of the claims of this application is not disclosed in the above listed prior United States or PCT international application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or Imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

X	Practitioners associated	with the Customer Number	27123	
-OR-				
	Practitioner(s) named b	elow:		
Name			Registration Number	
	instructions from	as to any action to be taken i	umed hereinabove to accept and follow in the U.S. Patent and Trademark Office	
	and me. In the event of		n whom instructions may be taken I will	
	and me. In the event of	a change in the person(s) from a and/or agents named hereing	n whom instructions may be taken I will bove.	
	and me. In the event of notify the U.S. attorney ame of sole or first inventor's signature*	a change in the person(s) from a sand/or agents named hereing tor: Akseli Anttila	n whom instructions may be taken I will	
Invent	and me. In the event of notify the U.S. attorney ame of sole or first inventor's signature*	a change in the person(s) from a sand/or agents named hereing tor: Akseli Anttila	m whom instructions may be taken I will above. 14.2.2005 Date	
Invent Reside Citizer	and me. In the event of notify the U.S. attorney ame of sole or first inventor's signature*	ra change in the person(s) from a sand/or agents named herein a stor: Akseli Anttila Pajalahdentie 6 B 25, F	m whom instructions may be taken I will above. 14.2.2005 Date	
Reside Citizer Post C	and me. In the event of notify the U.S. attorney ame of sole or first inventor's signature* ence: nship:	ra change in the person(s) from a sand/or agents named herein a stor: Akseli Anttila Pajalahdentie 6 B 25, F Finnish	m whom instructions may be taken I will above. 14.2.2005 Date	
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SIGNATURE BY THIRD AND SUBSEQUENT INVENTORS FORM.



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Inventor's signature*		
Residence:		Date
Citizenship:		
Post Office Address:		
Full name of fifth inventor:		
Inventor's signature*		
Residence:	·	Date
Citizenship:		
Post Office Address:		
Full name of sixth inventor:		
Inventor's signature*		
Residence:		Date
Citizenship:		
Post Office Address:		
Full name of seventh inventor:		
Inventor's signature*		Date
Residence:		Date
Citizenship:		
Post Office Address:		